

**CERTIFICATE OF ELIGIBILITY  
FOR  
VETERANS DRIVER'S LICENSE/IDENTIFICATION CARD**

**PART I - APPLICATION:** I hereby apply for a Veterans, Honorary Veterans, or Disabled Veterans Driver's License/Identification Card as provided for in Chapter 5 of Title 40 of the Official Code of Georgia Annotated.

Applicant

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Residence  
Address: \_\_\_\_\_  
(Street and No.)

(City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_  
(Mo. Day Yr.) (State)

Branch of Service: \_\_\_\_\_

SSN: \_\_\_\_\_ SVC#: \_\_\_\_\_

Date of Entry On Active Duty: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

\*Residence At Time of Entry On Active Duty.

(Street and No.) (City and State)

Current Driver's License No. \_\_\_\_\_

**Check the appropriate boxes:**

☐ I'm a veteran and have been a resident of the State of Georgia for 2 or more consecutive years immediately prior to this date of application.

☐ I'm now the lawful spouse of the above identified disabled veteran.

☐ I'm the surviving spouse of a deceased veteran and I have not remarried since such death.

Deceased Or Disabled Veteran's Information

Name: \_\_\_\_\_  
(first) (Middle) (Last)

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Branch of Service: \_\_\_\_\_

SSN: \_\_\_\_\_ SVC#: \_\_\_\_\_

Date of Entry On Active Duty: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

\*Legal Residence At Time of Entry On Active Duty.

(Street and No.) (City and State)

**\*Note: If other than a Georgia address check the appropriate block:**

☐ The above identified disabled veteran has been a resident of Georgia for 2 or more consecutive years immediately prior to this date of application.

☐ The above identified deceased veteran was a resident of Georgia for 2 or more consecutive years immediately prior to his death.

**PARTII - CERTIFICATION:** The information in PARTI has been verified from the following official records:

Supporting Documents: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Certificate - I certify that the foregoing statements made by me on this application are true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Penalty: The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**Notice to Veteran or spouse:** You must complete PARTI and sign it in the presence of a representative of the Georgia Department of Veterans Service, who will then complete PARTII. Official records must be presented to support residency and service claims.

You must present the completed form to any driver license examiner of the Department of Motor Vehicle Safety who is responsible for the issuance of the Veterans License.

In addition to conclusive identification the driver examiner may review the documentation presented to The Department of Veterans Service in obtaining the certification.

DS-516(07-01-04)

This is to certify that the applicant meets the requirements to qualify for the Veterans Driver's License as provided for in Chapter 5 of Title 40 of the Official Code of Georgia Annotated.

\_\_\_\_\_, Director GDVS

By \_\_\_\_\_  
Authorized Representative

Date \_\_\_\_\_

Office Address \_\_\_\_\_

